

Exhibit A

From: Vicki Taylor <vtaylor@PVHC.ORG>
Sent: Wednesday, March 30, 2011 11:52 AM
To: Paul Cardwell <pcardwell@PVHC.ORG>
Subject: W9

<http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf>

ALL I NEED IS THE 1ST PAGE BACK.

Vic

Vicki Taylor

Accounting

307-754-1106 (direct line)

307-754-7790 (fax)

Life isn't about waiting for the storm to pass, it's about learning to dance in the rain!

HTMS000067 PCMH

Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.			
Name (as shown on your income tax return) Michael J. Plake					
Business name/disregarded entity name, if different from above Plake and Associates, LLC					
Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____					
<input type="checkbox"/> Exempt payee					
Address (number, street, and apt. or suite no.) 2502 Musket Way City, state, and ZIP code West Lafayette, IN 47906 List account number(s) here (optional)		Requester's name and address (optional)			
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.					
Social security number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		Employer identification number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; width: 60px; height: 15px;"></div> <div style="margin: 0 5px;">2</div> <div style="margin: 0 5px;">6</div> <div style="margin: 0 5px;">4</div> <div style="margin: 0 5px;">5</div> </div>			
Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.					
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Sign Here</td> <td style="width: 45%;"> Signature of U.S. person ▶ <i>Michael J. Plake</i> </td> <td style="width: 40%;"> Date ▶ <i>1/9/12</i> </td> </tr> </table>			Sign Here	Signature of U.S. person ▶ <i>Michael J. Plake</i>	Date ▶ <i>1/9/12</i>
Sign Here	Signature of U.S. person ▶ <i>Michael J. Plake</i>	Date ▶ <i>1/9/12</i>			
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.					
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.					

Exhibit B

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
MICHAEL T. PLAKE

Business name/disregarded entity name, if different from above
PLAKE & Associates LLC

Check appropriate box for federal tax classification (required):
☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C-Corp**
☐ Other (see instructions) **Exempt payee**

Address (number, street, and apt. or suite no.)
2502 Muskogee Way

City, state, and ZIP code
West Lafayette, IN 47906

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
[] - [] - []

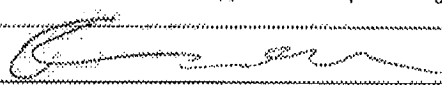
Employer identification number
[] - [] - []

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here
Signature of U.S. person  Date **3/30/2011**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Exhibit C

POWELL VALLEY HEALTHCARE, INC
777 Avenue H - Powell WY 82435



CHECK REQUEST

DBA:

Powell Valley Hospital
Powell Valley Care Center
Powell Ambulance Service
Powell Valley Home Care
Powell Valley Hospice
Powell Valley Clinic
The Heartland
Express Care
Pro Air 2000

Vendor # _____ Invoice # _____ Manual Check # _____

Pay to the order of:

Plake & Associates

Today's Date: 4/4/2011

Mailing Address _____

City State and Zip _____

Date Required: 4/8/11

What should we do with the check? ⇨⇨⇨⇨

☐ RETURN CHECK TO _____

☒ MAIL CHECK FOR ME

DESCRIPTION	ACCOUNT #	AMOUNT
CARDIOLOGIST	7260168	27,712
ORTHOPEDIC SURGEON	7260168	29,488
GI Perio		
1011		
		57,200

REMARKS ON CHECK: _____

PURPOSE OF CHECK:


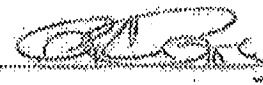
Physician Recruitment x 2

Approved By:

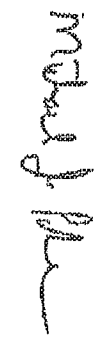
[Signature]

To avoid delay please note: Requests for Educational Reimbursement must be approved by HR Department or Education Department before they are processed by Accounts Payable.

Exhibit D

 POWELL VALLEY HEALTH CARE, INC. 777 AVENUE H POWELL, WY 82435 (307) 754-2267	FIRST NATIONAL BANK OF WYOMING 3077541314		122761		
	<table border="1"> <tr> <td>04/07/11</td> <td>122761</td> <td>**\$7,200.00</td> </tr> </table>			04/07/11	122761
04/07/11	122761	**\$7,200.00			
Fifty Seven Thousand Two Hundred and 00/100 Dollars					
PAY TO THE ORDER OF	FLAKE & ASSOCIATES, LLC 2502 MUSKET WAY WEST LAFAYETTE IN 47906				
COPY 					
⑈ 122761 ⑈ ⑆ 102301089⑆01 12187301⑈					

Check: 122761 Amount: \$7,200.00 Date: 4/12/2011
 Run: 5, Batch: 146, Seq: 214

COPY		
04112011 10 2 10013418R10		

Check: 122761 Amount: \$7,200.00 Date: 4/12/2011
 Run: 5, Batch: 146, Seq: 214

Exhibit E

POWELL VALLEY HEALTHCARE, INC
777 Avenue H - Powell WY 82435



CHECK REQUEST

DBA:

Powell Valley Hospital
 Powell Valley Care Center
 Powell Ambulance Service
 Powell Valley Home Care
 Powell Valley Hospice
 Powell Valley Clinic
 The Heartland
 Express Care
 Pro Air 2000

Don't remember if I sent
them up or not —

Vendor # _____ Invoice # _____ Manual Check # _____

Today's Date: 5/9/2011

Pay to the order of:**Mailing Address**

City State and Zip

Date Required: 5/12/11

What should we do with the check? $\Rightarrow \Rightarrow \Rightarrow \Rightarrow$

☐ RETURN CHECK TO _____

☒ MAIL CHECK FOR ME

[illegible]

REMARKS ON CHECK: _____

PURPOSE OF CHECK: 1 KYS:CIAN 16CT w/ment

Approved By:

Approved By: Tane Cindwiler, per Board

To avoid delay please note: Requests for Educational Reimbursement must be approved by HR Department or Education Department before they are processed by Accounts Payable.

Exhibit F

From: Vicki Taylor <vtaylor@PVHC.ORG>
Sent: Wednesday, May 11, 2011 2:04 PM
To: Paul Cardwell <pcardwell@PVHC.ORG>
Subject: THE CHECK..

YOU'LL STILL GIVE ME A LETTER ABOUT THE \$\$ LIKE LAST TIME FOR A RECEIPT RIGHT?

Vic
Vicki Taylor
Accounting
307-754-1106 (direct line)
307-754-7790 (fax)

Life isn't about waiting for the storm to pass, it's about learning to dance in the rain!

Exhibit G

From: Vicki Taylor <vtaylor@PVHC.ORG>
Sent: Wednesday, May 18, 2011 10:50 AM
To: Paul Cardwell <pcardwell@PVHC.ORG>
Subject: PLAKE RECEIPT

Do you have one for me yet?

Vic

Vicki Taylor


Accounting

307-754-1106 (direct line)

307-754-7790 (fax)

Life isn't about waiting for the storm to pass, it's about learning to dance in the rain!

Exhibit H

 POWELL VALLEY HEALTH CARE, INC. 177 AVENUE H POWELL, WY 82435 (307) 734-3262	FIRST NATIONAL BANK OF WYOMING P.O. BOX 407 POWELL, WYOMING 82435		09/18/10 123510		
	<table border="1"> <tr> <td>09/14/11</td> <td>123510</td> <td>***72543.00</td> </tr> </table>		09/14/11	123510	***72543.00
09/14/11	123510	***72543.00			
Seventy Two Thousand Six Hundred Forty Three and 00/100 Dollars					
PAY TO THE ORDER OF	PLAKE & ASSOCIATED, LLC 2502 MUSKET WAY WEST LAFAYETTE IN 47906				
123510 0102301089601 12187301*					

Check: 123510 Amount: \$72,543.00 Date: 9/17/2011
 Rtn: 5, Batch: 117, Seq: 263

COPY		Michael J. Allen
09/14/11 123510 0102301089601 12187301*		

Check: 123510 Amount: \$72,543.00 Date: 9/17/2011
 Rtn: 5, Batch: 117, Seq: 263

Exhibit I

Vendor # 42008 Plake & Assoc

Paul Cardwell

From: Paul Cardwell
Sent: Monday, June 13, 2011 1:20 PM
To: mplake@p&a.com
Cc: Paul Cardwell; Calvin Carey; Robin Roling
Subject: Physician Recruitment

Hello Mike,

I understand Dr. Brandon Boyce has agreed to terms and signed a contract with a different facility. Could you provide feedback regarding the decision? Was it base pay, bonus structure, location, facility, call coverage? Any thoughts would assist in future recruitment.

Thanks for the packet on cardiology candidates. I just got back and have not looked at the physicians. Did you, or can you, provide your normal 1-10 scoring on the individual applicants.

As soon as possible, I would like to introduce you to Calvin Carey and Robin Roling. Both currently work at PVHC and will be future CEO's. Additionally both are in a CEO mentoring program and will work with me on physician recruiting. Could you find time to fly out to Billings, Montana or Cody, Wyoming from Des Moines and meet with us?

I think we have the two OB/GYN candidates we want. I appreciate the quality candidates you have submitted.

Regarding pain management, I submitted an article from our local paper, The Powell Valley Tribune, regarding Dr. Cory Pickens for your review. I need this new candidate to have a sparkling reputation. It would be difficult to weather another storm regarding physician recruitment. I remain open to your thoughts that a pain management physician does not necessarily need to be an anesthesiologist.

I am debating the \$30,254 quote for the recruiting cost on pain management and will let you know when I have had the opportunity to discuss with my administrative team. I have been very pleased with the other candidates you have submitted.

Paul

CV Perio

1211

726068

Tane Chandler


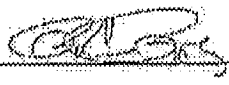
6/15/2011

Exhibit J



FIRST BANK OF WYOMIN
POWELL, LOVELL & CO
(800) 377-691

View Check Image

		POWELL VALLEY HEALTH CARE, INC. 277 AVENUE H POWELL, WY 82436 (407) 754-2767		DATE: 08/10/11		CHECK NO: 124349		AMOUNT: ***30254.00	
Thirty Thousand, Two Hundred Fifty Four and 00/100 Dollars									
PAY TO THE ORDER OF		PLAKE & ASSOCIATES, LLC 2502 MUSKET WAY WEST LAFAYETTE IN 47906							
									

FDIC



FIRST BANK OF WYOMIA
POWELL, LOVELL & CO
(800) 377-691

View Check Image

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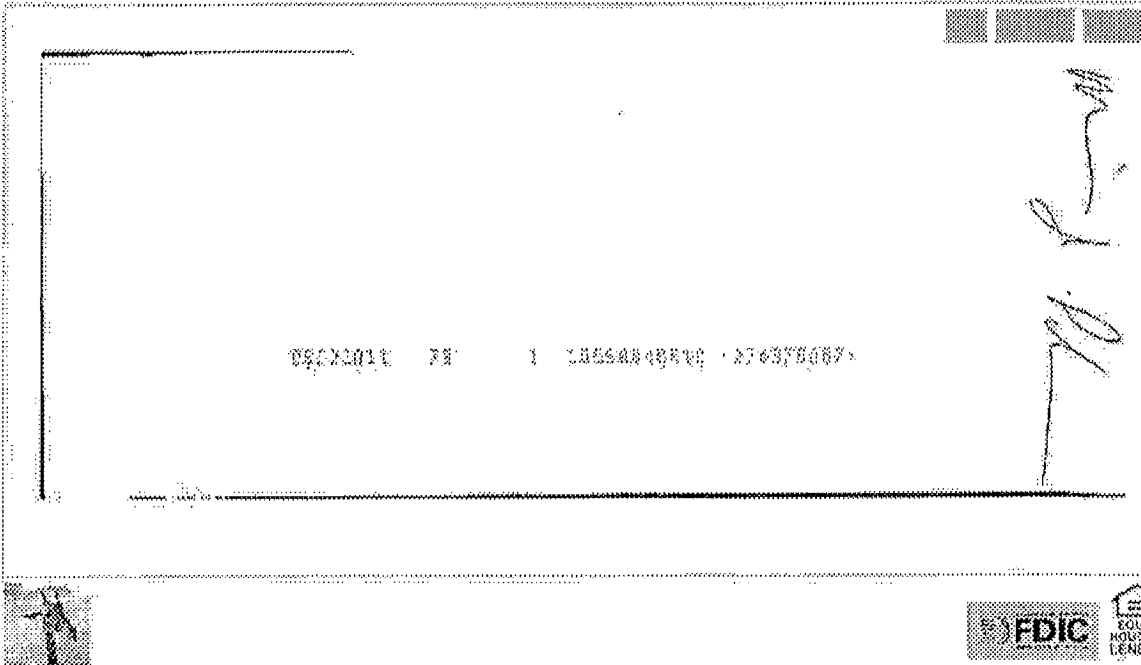


Exhibit K

Paul Cardwell

From: Paul Cardwell
Sent: Monday, June 20, 2011 4:45 PM
To: Paul Cardwell
Subject: FW: Executive Recruiting

From: Mike Plake
Sent: Monday, June 20, 2011 04:43 PM
To: Paul Cardwell
Cc: pcardwell@whitecmh.org; mplake@p8a.com
Subject: Executive Recruiting

Paul,

Thanks for the phone call this afternoon. As you know, Plake & Associates is primarily a physician recruiting firm. The firm has only completed eight non-physician searches in the past fiscal year. However, we will agree to conduct for nurse executive search for surgery and the medical-surgical unit.

I will need some assistance from you or Robin Rolling regarding the specifics of the position. Do both positions require an MSN? Also, I need information on relocation, PTO, benefits and other particulars.

As we discussed, Kim will take the lead on the search. She successfully placed the previously mentioned eight recruits from last year. I thought your State selection on the mailer a bit odd. Perhaps you can explain by phone why some states were selected and not others.

Kim suggests a minimum of direct mailers and to utilize national trade publications, internet, and current hospital clients for the search. We think the Medical-Surgical search will be much easier than the specialized Surgical-OR Director search. Saying that the Surgery search will be 17,500 and the Medical-Surgical search will be \$16,000.

Lastly, I would appreciate pre-authorization to conduct a mailer in the event of a failed strategy in the initial recruitment process. Please let me know.

Sincerely,

Mike Plake

OR Search 17,500

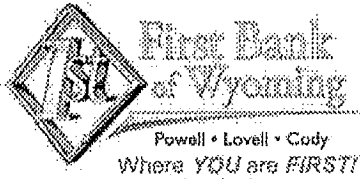
MS Search 16,000

GI. Perio 8610 167
 1211

\$ 33,500


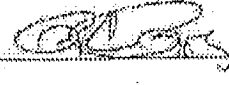
Tam Cardwell¹ authorized 6-20-11

Exhibit L



FIRST BANK OF WYOMIA
POWELL, LOVELL & COI
(800) 377-691

View Check Image

		POWELL VALLEY HEALTH CARE, INC. 777 AVENUE H POWELL, WY 82413 (307) 784-2257		<small>DATE DEPOSITED: 06/22/11</small> <small>AMOUNT: 124522</small> <small>ACCOUNT: 124522</small>	
Thirty Three Thousand Five Hundred and 00/100 Dollars					
PAY TO THE ORDER OF:		FLAKE & ASSOCIATES, LLC			
OR:		2602 MUSKET WAY WEST LAFAYETTE IN 47906			
					

FDIC



FIRST BANK OF WYOMING
POWELL, LOVELL & CO
(800) 377-691

View Check Image

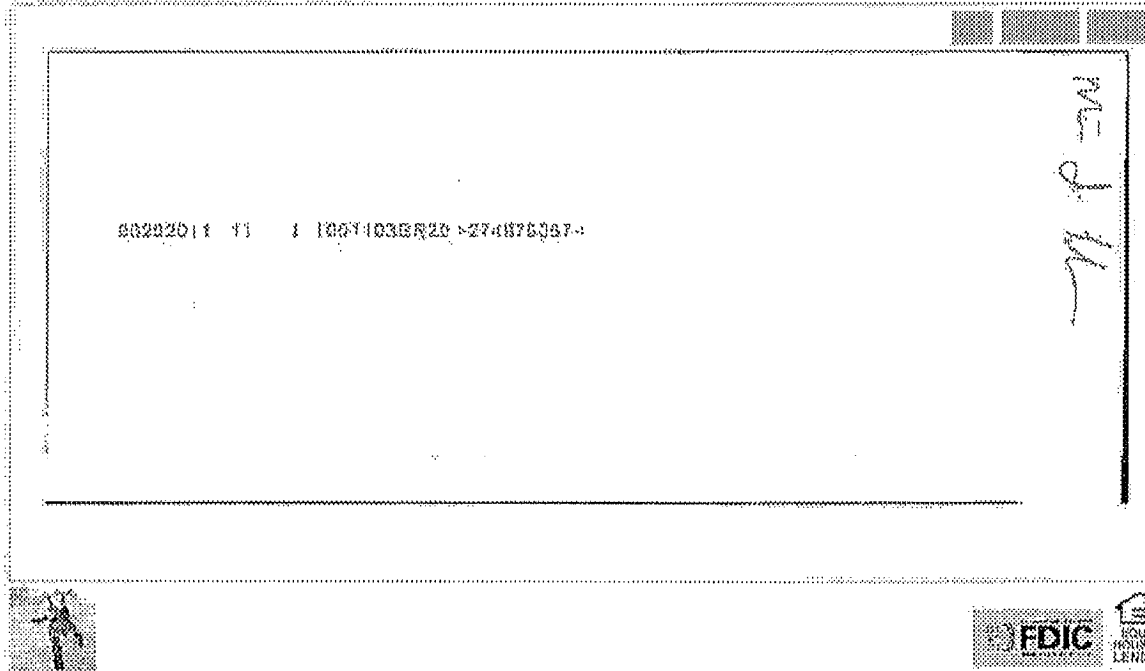


Exhibit M

Paul Cardwell

From: Paul Cardwell
Sent: Tuesday, June 28, 2011 10:51 AM
To: Paul Cardwell
Subject: RE: Recruiting

PLAKE & Assoc.

From: Mike Plake
Sent: Tuesday, June 28, 2011 10:50 AM
To: Paul Cardwell
Cc: pcardwell@whitecmh.org
Subject: Recruiting

Paul,

765-414-3816

Anesthesia:

MD- \$26,440
 CRNA-\$24,875

7260168

Family Practice:

MD, No OB- \$27,455

7260168

Hospitalist (2):

1. \$26,585
2. \$17,235

8610168

Thanks,

Mike

\$ 96,150

Four Physicians

* Return to Sharon

Board Authorized 6-27-2011

24,875.00 +
 27,455.00 +
 26,585.00 +
 17,235.00 +
 004.....
 96,150.00 *

Tane Cardwell
 6/28/2011


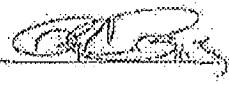



Exhibit N



FIRST BANK OF WYOMIA
POWELL, LOVELL & COI
(800) 377-691

View Check Image

?

	POWELL VALLEY HEALTH CARE, INC.	CHECK NUMBER 124588	
	777 AVENUE H POWELL, WY 82413 (307) 554-2257	DATE 06/30/13	AMOUNT \$66,500.00
Ninety Six Thousand One Hundred Fifty and 00/100 Dollars			
PAY TO THE ORDER OF	FLAKE & ASSOCIATES, LLC 2302 MUSKET WAY WEST LAFAYETTE IN 47906		
			
			

View Check Image

Page 1 of 1



FIRST BANK OF WYOMING
POWELL, LOVELL & CO.
(800) 377-6991

View Check Image

?

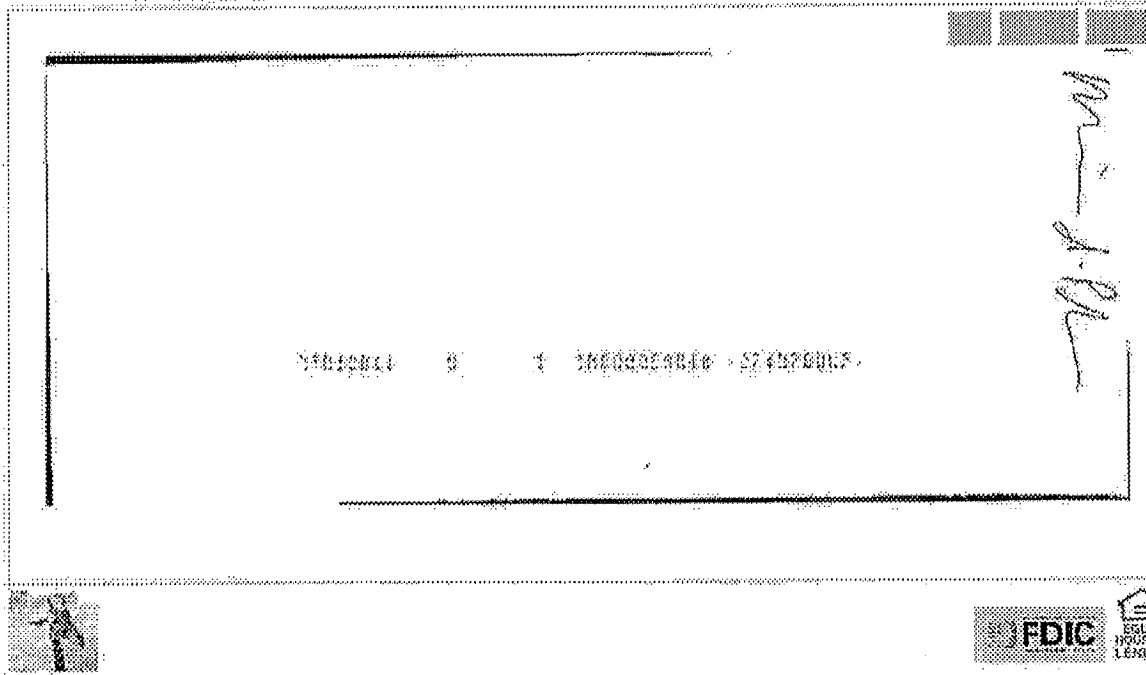


Exhibit O

Paul Cardwell**Subject:** FW: RN recruiting*Plake & Assoc.***From:** Mike Plake**Sent:** Thursday, July 14, 2011 11:01 AM**To:** Paul Cardwell**Subject:** RE: RN recruiting

Paul,

Thanks for the RN information from Danette. Am I to assume from our phone conversation that you need this position times two?

Often these specialty nurses are hard to find and your base salary is a little too low. I would recommend a discussion with your DON and/or CFO to determine a more appropriate base hourly wage.

All searches have the 20% multi search discount applied. I trust I have fulfilled all my previous search responsibilities outside of your potential hospitalist program. I am not sending any additional OB/GYN, Orthopedic, or Family Practice resumes until you direct otherwise.

Search costs:

Specialty RN (1) \$18,300

Specialty RN (2) \$18,300

Oncologist \$27,950

Urologist \$26,125

*\$ 90,675**Board authorized search**7/13/11**Tane Cochran ok 7/14/11*

I need additional information on General Surgery & Pathology before submitting recruiting prices.

Respectfully,

Mike Plake


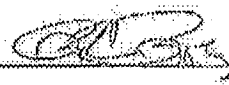

GL Perio**From:** Mike Plake**Sent:** Thursday, July 14, 2011 10:42 AM**To:** Paul Cardwell**Cc:** mplake@p&a.com**Subject:** FW: RN recruiting**From:** Danette Koehler**Sent:** Thursday, July 14, 2011 06:55 AM**To:** Paul Cardwell**Subject:** RN recruiting

Exhibit P



FIRST BANK OF WYOMING
POWELL, LOVELL & CO
(800) 377-691

View Check Image

		POWELL VALLEY HEALTH CARE, INC. 777 AVENUE H POWELL, WY 82448 (307) 734-2167		05-1071031	
				124946	
				07/14/11 124946 **000070.00	
Ninety Thousand Six Hundred Seventy Five and 00/100 Dollars					
PAY TO THE ORDER OF		PLAKE & ASSOCIATES, LLC 2502 MUSKET WAY WEST LAFAYETTE IN 47906			
					
					



FIRST BANK OF WYOMING
POWELL, LOVELL & CODY
(800) 377-6911

View Check Image

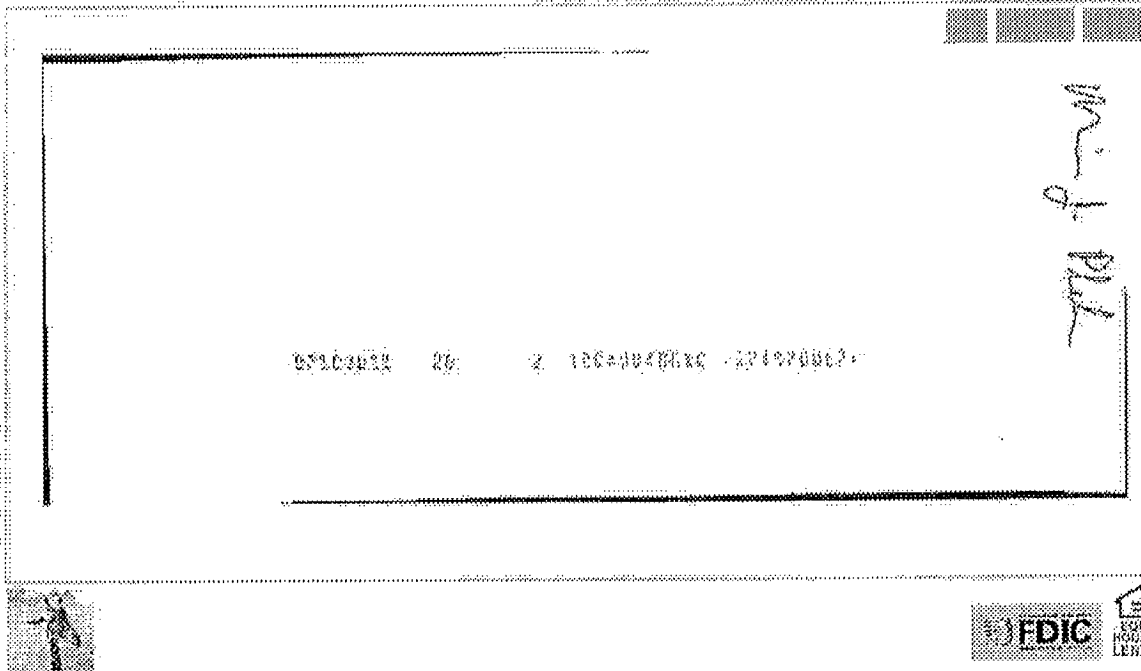


Exhibit Q

July 20th, 2011

Powell Valley Healthcare Board of Trustees authorized search for two (2) Emergency Room Board Certified Physicians. One (1) a replacement for Dr. Clint Preston and two (2) a replacement or increased volume provider.

Phone quote from Plake & Associates for the search at \$28,750 for each physician or \$57,500 in total.
Detailed written quote to follow.

Board and CEO authorized search.



Paul Cardwell

ok 7/20/11

7220168

POWELL VALLEY HEALTH CARE, INC.
777 AVENUE H
POWELL, WY 82435
(307) 754-2287

REMITTANCE ADVICE

124991

VENDOR NO.: 042068

VENDOR NAME: PLAKE & ASSOCIATES, LLC


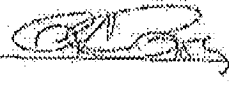
TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
07/20/11	ER 1	28,750.00	.00	28,750.00
07/20/11	ER 2	28,750.00	.00	28,750.00
GL Period 0112				
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
07/20/11	000124991	57,500.00	.00	57,500.00


Exhibit R



FIRST BANK OF WYOMIA
POWELL, LOVELL & COI
(800) 377-691

View Check Image

 POWELL VALLEY HEALTH CARE, INC. 777 AVENUE H POWELL, WY 82435 (307) 754-2107	124991 DATE: 07/20/11 TIME: 12:49PM AMOUNT: \$5700.00
Fifty Seven Thousand Five Hundred and 00/100 Dollars	
PAY TO THE ORDER OF	PLAKE & ASSOCIATES, LLC 7502 MUSKET WAY WEST LAFAYETTE IN 47906
	





FIRST BANK OF WYOMING
POWELL, LOVELL & CO
(800) 377-691

View Check Image

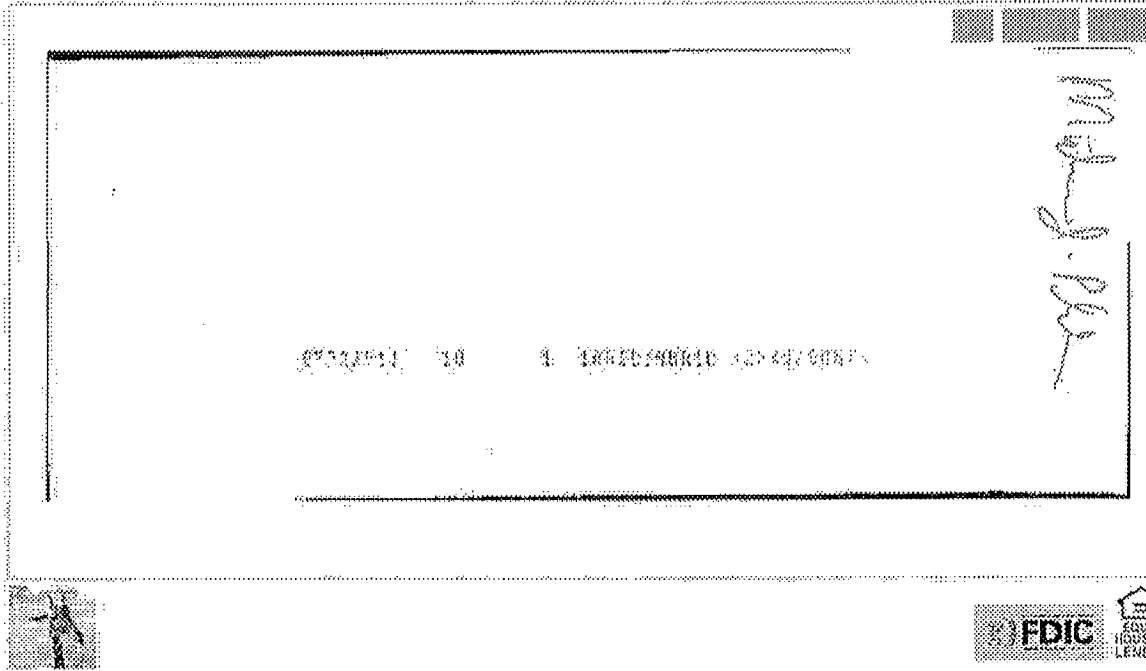


Exhibit S

- Plake -

Paul Cardwell

From: Paul Cardwell
Sent: Tuesday, July 26, 2011 11:50 AM
To: Paul Cardwell
Subject: FW: Physician Recruitment

From: Mike Plake
Sent: Tuesday, July 26, 2011 11:49 AM
To: Paul Cardwell
Subject: Physician Recruitment

Thanks for your time today. We still have four open searches for Powell Valley Healthcare. Those include two Emergency Room Physicians, one Urologist, and an OR specialty RN. Per your request, we have put the pain management MD search on hold.

A couple questions about your new search. Will the Internal Medicine Physician have a full panel within the clinic? Is the VA involved? Lastly, will they share duties with Dr. Tracey for the Neuro, Spine and Orthopedic Surgeons?

Regarding Pathology, am I to understand they will split duties between Powell Hospital and Beartooth Hospital in Red Lodge, Montana? How far away are these two facilities? Does the physician have to drive over the Beartooth highway in Winter? Both positions only equal 3.5 days weekly. What will the physician be doing the other .5 day assuming they desire a full day off weekly? Would you consider having them employed by Yellowstone Pathology and contracting with Powell?

Wound Care MD specialist. What specialty and certification?

Internal Medicine: \$28,535 7260168
 Pathology: \$24,615 7070168
 Wound Surgeon \$19,675 7260168

Period 2

Thanks,

Mike Plake

A 72,825

Board Authorized Recruitment
 See for three (3) MD's

GL Period 2

0212


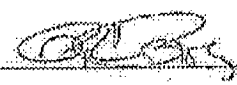
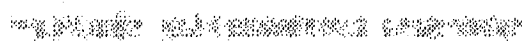
1



Exhibit T

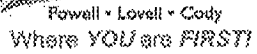


FIRST BANK OF WYOMING
POWELL, LOVELL & CODY
(800) 377-6911

View Check Image

		POWELL VALLEY HEALTH CARE, INC. 277 AVENUE H POWELL, WY 82438 (307) 754-3107		FACH 45/10 OF 12/24/09 FOR 12/25/10 45/120		125186	
DATE		CHECK NO		AMOUNT			
09/20/11		125186		**75275.00			
Seventy Two Thousand Eight Hundred Twenty Five and 00/100 Dollars							
PAY TO THE ORDER OF		PLAKE & ASSOCIATES, LLC 2502 MUSKET WAY WEST LAFAYETTE IN 47905					
							
							





FIRST BANK OF WYOMING
POWELL, LOVELL & CO
(800) 377-691

[View Check Image](#)

8236; 033 145 1 109658010 23427257



Exhibit U

Vicki Taylor

From: Paul Cardwell
Sent: Monday, August 15, 2011 7:24 PM
To: Vicki Taylor
Cc: Sharon Christensen; Calvin Carey
Subject: Cardwell-Plake Invoice

#42068

Vicki,

Will you, with confirmation from Calvin, please cut a check for \$83,185 to Plake & Associates. I have board authorization and trust you will use this email as initial approval to send the check.

I will provide additional supporting documentation (invoice and Plake email) next Monday.

Following cutting of the check please forward to Sharon for Federal Express delivery.

Sharon, I am not sure how often Vicki checks her PVHC email. Can you please be sure she views this email and cuts the check.

Calvin, FYI only to keep you in the loop. I have about 10 MD candidates of various specialties to interview when I get back.

Thanks,

Paul Cardwell

7260168

Physician Rec
cuec
8/17/11

CI Perio

CI Perio

7212